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HARMONISING COMMUNITY FEEDBACK TO HELP END THE EBOLA OUTBREAK IN UGANDA

INTERAGENCY COMMUNITY FEEDBACK MECHANISMS INFLUENCED THE DELIVERY OF RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) IN UGANDA, ULTIMATELY SAVING LIVES.

In 2022, across the globe, a steep decline in COVID-19 cases meant a time to celebrate. For public health professionals in Uganda, the drop in transmissions signaled something else, too: opportunity. The country's Ministry of Health recognized that it could harness community feedback tools developed during the pandemic to curb future public health emergencies—and soon made it a reality.

The chance to test its theory came too soon when, on 19 September 2022, a case of the Ebola Virus Disease (EVD) was detected in the central part of the country. With no specific vaccine available for the severe and often fatal strain—called the *Sudan ebolavirus*—health professionals had no time to waste in combatting the outbreak.

Recognizing the need to streamline its existing community feedback tool and to organize the vast amount of insightful data coming in, Uganda's Ministry of Health asked the Collective Service to support its efforts.

The Collective Service answered the call by deploying regional surge staff who worked with the Ministry of Health and its social listening and evidence generation (SLEG) sub-committee, in addition to UNICEF, WHO, USAID, and local partners. The support led to **the creation of an interagency community feedback mechanism that helped save lives.**

Upgrades to standardize, streamline, and digitize the country's existing community feedback tool enabled response teams to systematically listen and monitor changing social dynamics—and adapt response actions across all response pillars. A new dashboard with consistently coded data meant decision-makers could use real-time insights to effectively engage communities. And, closing the loop on community feedback ultimately contributed to building trust between response partners and affected communities.

While even one day of a public health emergency is too many for the people affected, the interagency community feedback mechanism played a significant role in gathering data regarding the concerns and needs of communities. This data was then disseminated to partners who used the information to meet the needs of communities for health interventions. This critical tool ultimately contributed to the end of the outbreak of Ebola in an astoundingly short period of time.

One hundred and fourteen days—less than four months—from the announcement of the outbreak, Uganda was declared Ebola-free.

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Karungi Shamillah, 27, Uganda Red Cross volunteer, was trained to conduct community-based surveillance, educating communities about Ebola.

THE CHALLENGE: A strong start—and too much of a good thing

When public health practitioners have access to community members' questions, suggestions, misconceptions, beliefs, and observations regarding health emergencies, they can tailor interventions and messaging to meet people where they are—mitigating the crises' negative effects. Using community feedback to inform the emergency response not only builds trust and fights misinformation, it gives agency to those impacted.

With this in mind, Uganda's Ministry of Health developed a system at the onset of the COVID-19 pandemic called the social listening and evidence generation sub-committee (SLEG), which aimed to collect perceptions, rumours, and misinformation about the virus. Thanks to strong partnerships with USAID's Social Change Behavior Activity (SCBA), the Communication for Development Foundation Uganda (CDFU), UNICEF, WHO, the Uganda Red Cross Society, and the UN Pulse Lab Kampala, the powerful system helped decision-makers to understand people's concerns and act on them in meaningful ways.

The valuable tool was put to use when the next public health emergency—the Ebola outbreak—started ravaging communities in September 2022.

Humanitarian and health responders working in Uganda took the value of community feedback seriously, which meant they were collecting a lot of it at a rapid pace. As the Ebola virus spread through nine districts in the Central and Western regions of the country, the amount of community feedback collected overwhelmed the system. While numerous partners were gathering insights from communities throughout the regions, the lack of consistency across data sets made consolidating the feedback a herculean task. Already-stretched team members had to manually input and analyse the data, which was submitted through disparate forms.

It was clear that to get the most value out of the information coming in, the community feedback needed to be synchronized and streamlined.

THE UPGRADE: Teamwork makes the dream work

At the request of the Ministry of Health, the Collective Service stepped in to create an interagency community feedback mechanism that could streamline data, more evenly distribute the workload, and offer real-time insights to partners fighting the outbreak.

The Collective Service **deployed surge personnel** from the Africa region to Uganda, to work directly with the Ministry of Health and partners fighting the Ebola virus. The surge team—who are specialists in health and information management—laid the groundwork and obtained consensus around a collaborative approach for utilizing community feedback to combat the outbreak.

To be manageable and useful, the data needed consistency. To address this, team members created **user-friendly standardization tools** that ensured community feedback could be coded in a harmonious way. They automated the processes for uploading data so manual entry was no longer necessary. The **simplified coding system and automation of data** saved time and capacity at a time when every moment counted.

Using Power BI technology, the team created an **interactive dashboard** with real-time access to community feedback data. The online dashboard could be accessed at any time of the day or night, by anyone who needed it. Viewers could sort the community feedback by pillar—infection prevention, logistics, or risk communication, for example—so that each could focus on their field of expertise.

In an act of true team effort, focal points responsible for coding the community feedback shared the workload amongst one another. Rather than coding their own agency's data only, they designed a collaborative workflow that pooled community feedback and addressed asymmetrical workloads.

During public health emergencies, too much data can be as crushing as too little. **The upgraded interagency community feedback mechanism meant that health and humanitarian responders were able to use the data, and not be overwhelmed by it.**

THE IMPACT: Interagency community feedback shapes the response

The interagency community feedback mechanism equipped decision-makers in Uganda with the data they needed to make meaningful public health interventions. The community feedback:

➢ **Influenced national-level response plans and local activities.** The Ministry of Health weaved the community feedback into the development of its National Ebola Response Plan. Specifically, it informed responders on which pillars to target and prioritize. At the local level, when the community feedback indicated that people did not have access to handwashing facilities, focal points took the recommendation to service providers who could make material differences for the families lacking the infrastructure they needed to stay healthy.

➢ **Made public messaging more compelling.** To be effective, public health messages need to meet people where they are—and need to change over time. During the Ebola outbreak, communications professionals used the interagency community feedback to inform the language used in mass media outlets, local media dispatches, talking points, posters, leaflets, and other public outreach. The messaging was critical to answering questions, developing discussion guides, and generally ensuring that communications to the public were timely and relevant.

➢ **Ensured health and humanitarian responders targeted the right audience.** The interagency community feedback helped public health officials identify influencers in the community who could be torchbearers for Ebola prevention messaging. Teams identified, oriented, and engaged these trusted people—such as security officers, cultural leaders, and traditional healers—who then cascaded Ebola-related information to communities in high-risk areas. When the data showed that families were exhuming Ebola-infected corpses to give them a traditional burial, responders organized a training with 300 spiritual leaders to educate them on the dangers of doing so.

➢ **Detected overlooked communications channels.** Infectious diseases know no borders, so responders need to ensure health messages make their way to communities, big and small. In Uganda, health officials used community feedback to identify information channels that people trusted in rural areas: community tower radios that eventually made pre-recorded health announcements via megaphone to an area covering about one square kilometre and motorcycle taxi drivers who were equipped with accurate messaging to rectify misinformation in communities.

➢ **Built trust between responders and impacted communities.** When feedback is acted on, it cultivates transparent and trusting relationships between community members and those delivering public health messages. "Closing the loop" on community feedback helps to ensure that insights keep coming in and strengthens accountability to beneficiaries.

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The Uganda Red Cross trained community-based volunteers to educate communities about Ebola while also recognizing the signs of the virus to alert the authorities regarding follow up care of people with these signs.

THE CONCLUSION: A model for addressing future public health emergencies

Coded, categorized, and consistent data can inform decision-making at both hyper-local and global levels. Interagency community feedback models create efficiencies, add strength where it is needed, and inspire teamwork on the ground.

Now that standard operating procedures and templates are in place, the interagency community feedback mechanism created during the Ebola outbreak can serve Uganda and other countries facing public health emergencies now and far into the future. For example, Collective Service surge personnel recently trained Red Cross teams in South Sudan and Somaliland on how to implement interagency community feedback mechanisms in anticipation of the impact that El Niño will have on a region already reeling from a protracted, complex emergency, and at risk for public health emergencies, including cholera. Building sustainable systems pays off in dividends during future outbreaks. To be effective when future public health emergencies materialize, committees such as the SLEG and systems such as the interagency community feedback mechanism need to be maintained when crises are not raging. New data collectors and coders need to be trained, while leaders must ensure processes make it into national-level plans. These investments must be prioritised during "down times" so these tools can be immediately scaled up during an emergency response.

© IFRC/Corrie Butler. The Uganda Red Cross trained community-based volunteers to educate communities about Ebola while also recognizing the signs of the virus to alert the authorities regarding follow up care of people with these signs.

As public health emergencies emerge at warp speed, listening to community voices is more important than ever. Innovation in the community feedback space provides hope as health and humanitarian responders pick up their pace to match the challenge.

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The Collective Service enables collaboration between a wide range of organizations engaged in policy, practice, and research to strengthen coordination and increase the scale and quality of RCCE approaches, while also supporting a coordinated community-centred approach that is embedded across public health and humanitarian response efforts. The work covered in this case study was primarily a partnership between the Uganda Ministry of Health, the Infectious Disease Institute, IFRC, UNICEF, WHO, the Uganda Red Cross, USAID, and CDFU, and key stakeholders from the public health and humanitarian sectors.

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